

ITMS Planning Tool Registration Form

The California Department of Transportation (Caltrans) certifies with this registration that the following person is a designated user of the California ITMS Planning Tool.

Name_____

Organization / Agency_____

Address_____

Phone #_____ FAX #_____ E-mail_____

Designated users agree not to share the California ITMS Planning Tool and its data with anyone outside of the transportation planning functional area of their agency / organization in electronic or paper form. Further, the designated user agrees to direct other potential users of the tool and its data to Caltrans at the address listed below.

Recommend Approval:_____ Date:_____

Linda Turnquist, ITMS Project Manager
Division of Transportation Planning
Caltrans

Approved:_____ Date:_____

Joan Sollenberger, Division Chief
Division of Transportation Planning
Caltrans

Designated User:_____ Date:_____

Designated User Signature

**California Department of Transportation
Division of Transportation Planning
Intermodal Transportation Management System
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Sacramento, CA 94274-0001**

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